VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11442

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11441

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown
STREET ADDRESS (If rural, give location) Waldorf, RFD

3. NAME OF DECEASED: (Type or Print) (First) C. (Middle) Albert (Last) Bowling

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	W.	Jan 9, 1871	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Maryland	U.S.A.

13. FATHER'S NAME: Constantine A. Bowling
14. MOTHER'S MAIDEN NAME: Mary J. Gardiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	—	Forbes Bowling Bryantown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia DUE TO Cardio Vas. Renal Disease	12-2-54
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Gen. Art Sclerosis DUE TO	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ..... 19..., to 12-10, 19 54 that I last saw the deceased alive on 12-9, 19 54, and that death occurred at 7:12 A M from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
L Hedelin MD La Plata Md 12-10-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/13/54	St. Mary's	Bryantown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/14/54	Julia A Casey	Hunt & Ryon	Waldorf, Md.

RECEIVED
DEC 20 1954
BUREAU V. S.

11443

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11442

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place) 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Katie (Middle) (Last) Hawkins.

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1954

5. SEX: 7

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 9-12-96

9. AGE Last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Harris

14. MOTHER'S MAIDEN NAME: Annie Forest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Gertrude Hawkins, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) Respiratory Collapse		5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Bronchogenic Carcinoma	DUE TO	4 years
	(c)	DUE TO	

162.X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1950., to 26 Dec., 1954., that I last saw the deceased alive on 26 Dec., 1954., and that death occurred at 9:40 p.m., from the causes and on the date stated above.

SIGNATURE J. Woodd. (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 27 Dec 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12/30/54 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 12/30/54 — REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md — ADDRESS

RECEIVED
JAN 3 1955
BUREAU V. S.

11444

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11443

CERTIFICATE OF DEATH

Reg. Dist. No. 101

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pisgah X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) (Last) Hawkins

4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: June 15, 1858

9. AGE last birthday: 96 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9

10B. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. Hawkins

14. MOTHER'S MAIDEN NAME: Mary Anna Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Vincent Hawkins

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) 794X Infirmity age

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1954, to Dec. 9, 1954, that I last saw the deceased alive on Dec. 9, 1954, and that death occurred at 7:45 A M, from the causes and on the date stated above.

SIGNATURE George E. Bicknell M. D. ADDRESS Marbury, Md. DATE SIGNED Dec. 14, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial DATE THEREOF Dec. 15, 1954 NAME OF CEMETERY OR CREMATORY Smith Chapel LOCATION (City, town, or county) (State) Pisgah, Md.

DATE REC'D BY LOCAL REGISTRAR 12/14/54 REGISTRAR'S SIGNATURE Mary Southerland

24. FUNERAL DIRECTOR ADDRESS Stanley Penny, Mason Springs, Md.

RECEIVED
DEC 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11444

CERTIFICATE OF DEATH

Reg. Dist. No. 11445 / 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Potomac Heights — LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Del COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Bailey (Middle) T (Last) Jackson

4. DATE OF DEATH: (Month) December (Day) 30 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Not known

9. AGE last birthday: 67? yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yards & Docks Powder Factory

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Powder Factory

11. BIRTHPLACE (State or foreign country): New Jersey. Del

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Jackson

14. MOTHER'S MAIDEN NAME: Not known.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Niece. Mary Montgomery (Potomac Heights. Del)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.2

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Not known.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 54, to Dec 30, 19 54, that I last saw the deceased alive on Dec 28, 19 54, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frank G. Jones M. D. Indian Head. Del 12-30-54

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF Jan 2 1954 — NAME OF CEMETERY OR CREMATORY Mt. Hope. — LOCATION (City, town, or county) New Jersey. (State) Del

DATE REC'D BY LOCAL REG. 12/30/54 — REGISTRAR'S SIGNATURE Addy Price

24. FUNERAL DIRECTOR Montgomery Bros — ADDRESS Washington. D.C.

RECEIVED
JAN 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11446

11445

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) VINCENT (Last) KERSEY

4. DATE OF DEATH: (Month) DEC (Day) 26 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	Feb 6 1897	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Powder Factory Ret. — 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov — 11. BIRTHPLACE (State or foreign country): Baltimore Md — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Kersey — 14. MOTHER'S MAIDEN NAME: Jennie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 215-14-7552 — 17. INFORMANT & ADDRESS: Estelle Hildebrand La Plata Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (331X)	(a) Cerebral vascular accident	5 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) hypertension	5 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 DEC, 19 54, to 26 DEC, 19 54, that I last saw the deceased alive on 26 DEC, 1954, and that death occurred at 3:10 A. m., from the causes and on the date stated above.

SIGNATURE: Frederick M. Johnson — (DEGREE OR TITLE) M.D. — ADDRESS La Plata, Maryland — DATE SIGNED 26 DEC 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec 29 1954 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town or county) (State) La Plata Maryland

DATE REC'D BY LOCAL REG. 12/28/54 — REGISTRAR'S SIGNATURE Julia A Carey — 24. FUNERAL DIRECTOR — ADDRESS Hoff & Ryon Funeral Home Waldorf, Md

RECEIVED
DEC 30 1954
BUREAU V. S.

11447

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11446

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MORAN

4. DATE OF DEATH: (Month) (Day) (Year) December 17 1954.

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 12-17-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 2 Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Martha Mae Moran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Martha Mae Moran

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Prematurity (LMP- 13 June 54)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 17 Dec., 19 54., to 17 Dec., 19 54., that I last saw the deceased alive on 17 Dec., 19 54., and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE J Elwood Moody (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 18 Dec 54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12/18/54 — NAME OF CEMETERY OR CREMATORY St. Mary's — LOCATION (City, town, or county) (State) Bryantown, Md

DATE REC'D BY LOCAL REG. 12/18/54 — REGISTRAR'S SIGNATURE Julia A Posey — 24. FUNERAL DIRECTOR Mrs Pearl Moran — ADDRESS Hughesville, Md

20V42013

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11447

CERTIFICATE OF DEATH

Reg. Dist. No. 11448

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) (Last) NEALE

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 12-4-54

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 3, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Edward Neale

14. MOTHER'S MAIDEN NAME: Waseola Veronica Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: James E. Neale, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Prematur — 2 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Prolapse cord — Gestation

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4 19 54, to 12-4 19 54, that I last saw the deceased alive on 12-4 19 54, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

C. Edelen MD La Plata Md 12-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12-6-54 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 12/6/54 — REGISTRAR'S SIGNATURE Julia A. Casey

24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. — ADDRESS

20V4279250

MARYLAND STATE DEPARTMENT OF HEALTH

11448

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 10219

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ROSIE (Middle) A. (Last) Padgett

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify which): Widowed

8. DATE OF BIRTH: Oct 7 1867

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Lewis

14. MOTHER'S MAIDEN NAME: York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Lee Padgett Camp Springs Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 12 Y. (b) 1 Y.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the date stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 12-30-54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial

DATE THEREOF 12-29-54

NAME OF CEMETERY OR CREMATORY Old Fields

LOCATION (City, town, or county) (State) Hughesville Md

DATE RECD. BY LOCAL REG. 12/30/54

REGISTRAR'S SIGNATURE Julia H Coney

24. FUNERAL DIRECTOR Hunt & Ryon

ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PRINT WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11450

11449 CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Tobe (Middle) Yates. (Last) Queen.

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 1-27-1873

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Martha Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Geo. D. Queen, 733-12th St. S.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Rupture varix, Gastro intestinal tract. hem. due to	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Congestive heart failure, arteriosclerotic. due to	2 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1954, to Dec. 27, 1954, that I last saw the deceased alive on 27 Dec., 1954, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

J R Woodall MD La Plata 27 Dec 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12/30/54 — NAME OF CEMETERY OR CREMATORY John Wesley — LOCATION (City, town, or county) (State) Budds Creek, Md

DATE REC'D BY LOCAL REG. 12/30/54 — REGISTRAR'S SIGNATURE Julia L. Casey

24. FUNERAL DIRECTOR — ADDRESS Hunt & Ryon, Waldorf Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND

11450

11451

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 106

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY: CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Md. Point — LENGTH OF STAY (in this place): 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: MARYLAND — COUNTY: CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL. LA PLATA.
STREET ADDRESS (If rural, give location): MARYLAND POINT. Md

3. NAME OF DECEASED (Type or Print): (First) DOLLIE (Middle) BELL (Last) REA

4. DATE OF DEATH: (Month) DEC (Day) 10- (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 19-1876

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: L.L. Smith. 620 - 57th AVE Capt. Hd Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary occlusion —

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Previous anginal attacks

(c):

INTERVAL BETWEEN ONSET AND DEATH: (a) 15 min — (b) Several yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

Deputy Medical Examiners case

22. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw the deceased alive on did not 19..... and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frederick M. Johnson M.D. ADDRESS: La Plata DATE SIGNED: 10 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE: Dec 14-1954 NAME OF CEMETERY OR CREMATORY: GLENWOOD. LOCATION (City, town, or county) (State): WASHINGTON. D.C

DATE REC'D BY LOCAL REG.: 12/10/54 REGISTRAR'S SIGNATURE: Odey Price

24. FUNERAL DIRECTOR ADDRESS: W.W. CHAMBERS. WASH. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11452

11451

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Walter (Middle) Elmer (Last) Willett
4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1954
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 2-20-1893
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Gov.
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov. Rel
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Walter A. Willett
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-32-1881
17. INFORMANT & ADDRESS: Allison E. Willett Mailing Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X
Immediate cause (a) Cerebral Hemorrhage - Left Side — Interval Between Onset and Death: 2 Hrs.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hypertension — Indefinite
DUE TO
(c) Arteriosclerosis — Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9, 19 54 to 12-10, 19 54 that I last saw the deceased alive on 12-10, 19 54, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE James E. Andrews (DEGREE OR TITLE) ADDRESS Medical Arts Bldg. DATE SIGNED 12-10-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/13/54
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
LOCATION (City, town, or county) (State) Waldorf Md
DATE REC'D BY LOCAL REG. 12/14/54
REGISTRAR'S SIGNATURE Julia A Raney
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

RECEIVED
DEC 20 1954
BUREAU V. S.

11452 MARYLAND STATE DEPARTMENT OF HEALTH 11453

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Louise (Last) Goodland

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1954

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W — 8. DATE OF BIRTH: 12-3-54 — 9. AGE last birthday: yrs. — If under 1 year: Months — If under 24 hrs.: Days: 14 — Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Chas Co — 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: John Allen Goodland — 14. MOTHER'S MAIDEN NAME: Alice Eliz Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis — Interval Between Onset and Death: 12-17-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 12-3-54

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) MD — ADDRESS La Plata Md — DATE SIGNED 12-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/18/54 — NAME OF CEMETERY OR CREMATORY St Mary's Newport — LOCATION (City, town, or county) (State): Newport, Charles Co.

DATE REC'D BY LOCAL REG. 12/18/54 — REGISTRAR'S SIGNATURE: Julia H Casey

24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS: Waldorf Md

VS. A15A

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DEC 20 1954
BUREAU V. S.